

- ▶ Child 6 months–11 years: 10 mg/kg twice daily; maximum 1 g per day
- ▶ Child 12–17 years: 0.25–1 g once daily, alternatively 125–500 mg twice daily

**Reduction of diazoxide-induced sodium and water retention in the management of chronic hypoglycaemia | Potentiating the glycaemic effect of diazoxide in the management of chronic hypoglycaemia**

## ▶ BY MOUTH

- ▶ Child: 3–5 mg/kg twice daily

**Nephrogenic and partial pituitary diabetes insipidus**

## ▶ BY MOUTH



- ▶ Child: 10–20 mg/kg twice daily (max. per dose 500 mg)

- **UNLICENSED USE** Not licensed.
- **CAUTIONS** Neonate (theoretical risk of kernicterus if very jaundiced)
- **INTERACTIONS** → Appendix 1: thiazide diuretics
- **BREAST FEEDING** The amount present in milk is too small to be harmful. Large doses may suppress lactation.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: tablet, oral suspension, oral solution

**Tablet**

- ▶ **Diuril** (Imported (United States))

Chlorothiazide 250 mg Diuril 250mg tablets | 100 tablet  

**DRUGS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM** > ACE INHIBITORS

**Angiotensin-converting enzyme inhibitors** 

- **CONTRA-INDICATIONS** Bilateral renovascular disease
- **CAUTIONS** Afro-Caribbean patients (may respond less well to ACE inhibitors) · concomitant diuretics · diabetes (may lower blood glucose) · first dose hypotension (especially in patients taking high doses of diuretics, on a low-sodium diet, on dialysis, dehydrated, or with heart failure) · neonates · primary aldosteronism (patients may respond less well to ACE inhibitors) · the risk of agranulocytosis is possibly increased in collagen vascular disease (blood counts recommended) · use with care (or avoid) in those with a history of idiopathic or hereditary angioedema · use with care in patients with hypertrophic cardiomyopathy · use with care in patients with severe or symptomatic aortic stenosis (risk of hypotension)

**CAUTIONS, FURTHER INFORMATION**

- ▶ **Anaphylactoid reactions** To prevent anaphylactoid reactions, ACE inhibitors should be avoided during dialysis with high-flux polyacrylonitrile membranes and during low-density lipoprotein apheresis with dextran sulfate; they should also be withheld before desensitisation with wasp or bee venom.
- **SIDE-EFFECTS**
  - ▶ **Common or very common** Alopecia · angina pectoris · angioedema (may be delayed; more common in Afro-Caribbean patients) · arrhythmias · asthenia · chest pain · constipation · cough · diarrhoea · dizziness · drowsiness · dry mouth · dyspnoea · electrolyte imbalance · gastrointestinal discomfort · headache · hypotension · myalgia · nausea · palpitations · paraesthesia · renal impairment · rhinitis · skin reactions · sleep disorder · syncope · taste altered · tinnitus · vertigo · vomiting
  - ▶ **Uncommon** Arthralgia · confusion · eosinophilia · erectile dysfunction · fever · haemolytic anaemia · hyperhidrosis · myocardial infarction · pancreatitis · peripheral oedema · photosensitivity reaction · respiratory disorders · stroke

- ▶ **Rare or very rare** Agranulocytosis · hepatitis · leucopenia · neutropenia · pancytopenia · Stevens-Johnson syndrome · thrombocytopenia

**SIDE-EFFECTS, FURTHER INFORMATION** In light of reports of cholestatic jaundice, hepatitis, fulminant hepatic necrosis, and hepatic failure, ACE inhibitors should be discontinued if marked elevation of hepatic enzymes or jaundice occur.

- **ALLERGY AND CROSS-SENSITIVITY** ACE inhibitors are contra-indicated in patients with hypersensitivity to ACE inhibitors (including angioedema).
- **PREGNANCY** ACE inhibitors should be avoided in pregnancy unless essential. They may adversely affect fetal and neonatal blood pressure control and renal function; skull defects and oligohydramnios have also been reported.
- **BREAST FEEDING** Information on the use of ACE inhibitors in breast-feeding is limited.
- **RENAL IMPAIRMENT**
  - Dose adjustments** Use with caution, starting with low dose, and adjust according to response. Hyperkalaemia and other side-effects of ACE inhibitors are more common in those with impaired renal function and the dose may need to be reduced.
- **MONITORING REQUIREMENTS** Renal function and electrolytes should be checked before starting ACE inhibitors (or increasing the dose) and monitored during treatment (more frequently if side effects mentioned are present).
- **DIRECTIONS FOR ADMINISTRATION** For hypertension the first dose should preferably be given at bedtime.

**Captopril** 

10-Mar-2020

● **INDICATIONS AND DOSE****Hypertension**

## ▶ BY MOUTH

- ▶ **Preterm neonate (initiated under specialist supervision):** Test dose 10 micrograms/kg, monitor blood pressure carefully for 1–2 hours; usual dose 10–50 micrograms/kg 2–3 times a day, then increased if necessary up to 300 micrograms/kg daily in divided doses, ongoing doses should only be given if test dose tolerated.
- ▶ **Neonate (initiated under specialist supervision):** Test dose 10–50 micrograms/kg, monitor blood pressure carefully for 1–2 hours; usual dose 10–50 micrograms/kg 2–3 times a day, then increased if necessary up to 2 mg/kg daily in divided doses, ongoing doses should only be given if test dose tolerated.
- ▶ **Child 1–11 months (initiated under specialist supervision):** Test dose 100 micrograms/kg (max. per dose 6.25 mg), monitor blood pressure carefully for 1–2 hours; usual dose 100–300 micrograms/kg 2–3 times a day, then increased if necessary up to 4 mg/kg daily in divided doses, ongoing doses should only be given if test dose tolerated
- ▶ **Child 1–11 years (initiated under specialist supervision):** Test dose 100 micrograms/kg (max. per dose 6.25 mg), monitor blood pressure carefully for 1–2 hours; usual dose 100–300 micrograms/kg 2–3 times a day, then increased if necessary up to 6 mg/kg daily in divided doses, ongoing doses should only be given if test dose tolerated
- ▶ **Child 12–17 years (initiated under specialist supervision):** Test dose 100 micrograms/kg, alternatively test dose 6.25 mg, monitor blood pressure carefully for